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No. 6222 P. 1

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**  
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.  
700725-1003

In Re Application Of: Doug A. Kaufmann

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/798,691	3/11/04		38406	1614	6201

Title: METHOD OF TREATING AND PREVENTING DIABETES

Address to:  
Commissioner for Patents  
P.O. Box 1460  
Alexandria, VA 22313-1460

**37 CFR 1.97(b)**

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

**37 CFR 1.97(c)**

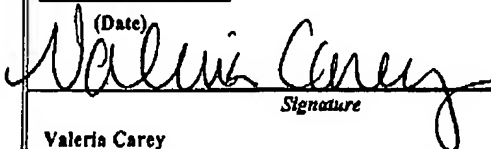
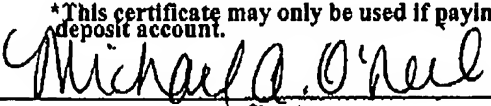
2. ☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:

☐ the statement specified in 37 CFR 1.97(e);

OR

☐ the fee set forth in 37 CFR 1.17(p).

P10A/REV06

<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b> (Under 37 CFR 1.97(b) or 1.97(c))					Docket No. 700725-1003	
In Re Application of: Doug A. Kaufmann						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/798,691	3/11/04		38406	1614	6201	
Title: METHOD OF TREATING AND PREVENTING DIABETES						
<b>Payment of Fee</b> (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))						
<input type="checkbox"/> A check in the amount of _____ is attached.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-0856 as described below.						
<input type="checkbox"/> Charge the amount of _____						
<input type="checkbox"/> Credit any overpayment.						
<input type="checkbox"/> Charge any additional fee required.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
Certificate of Transmission by Facsimile*				Certificate of Mailing by First Class Mail		
I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F&T-571-273-8300)				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		
11-16-05 (Date)				_____ (Date)		
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Valeria Carey Typed or Printed Name of Person Signing Certificate				_____ Typed or Printed Name of Person Mailing Certificate		
*This certificate may only be used if paying by deposit account.						
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P10A/REV05

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No. 6222 P. 3

<b>INFORMATION DISCLOSURE CITATION</b> <i>(Use several sheets if necessary)</i>	Docket Number (Optional) <b>700725-1003</b>	Application Number <b>10/798,691</b>
	Applicant(s) <b>Doug A. Kaufmann</b>	
	Filing Date <b>3/11/04</b>	Group Art Unit <b>1614</b>

**U.S. PATENT DOCUMENTS**

*EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE

**U.S. PATENT APPLICATION PUBLICATIONS**

*EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE

**FOREIGN PATENT DOCUMENTS**

	REF	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	Translation	
							YES	NO

**OTHER DOCUMENTS** *(Including Author, Title, Date, Pertinent Pages, Etc.)*

		Donna Peehl, et al., Rationale for Combination Ketoconazole/Vitamin D Treatment of Prostate Cancer, Urology, Vol. 58, Issue no. Supplement 2A, 2001, pp. 123-126.

<b>EXAMINER</b>	<b>DATE CONSIDERED</b>
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EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP Section 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.